

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Gleason's Gymnastic School, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 41-1715927

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

2015 Silver Bell Rd Ste 180 Eagan, MN 55122

Number, Street, City, State & ZIP Code

Dakota

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Gleason's Gymnastic School, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 04/01/25 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District **St. Paul, MN**  
District

When **7/24/19**  
When

Case number **19-32338**  
Case number

Debtor **Gleason's Gymnastic School, Inc.** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes.
- Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	<b>Gleason's Gymnastic School, Inc.</b>	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Gleason's Gymnastic School, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 2, 2022**  
MM / DD / YYYY

**X /s/ Lawrence R. Gleason**  
Signature of authorized representative of debtor  
  
Title **President**

**Lawrence R. Gleason**  
Printed name

**18. Signature of attorney**

**X /s/ Thomas H. Olive**  
Signature of attorney for debtor

Date **May 2, 2022**  
MM / DD / YYYY

**Thomas H. Olive 14423X**  
Printed name

**Thomas H. Olive Law, P.A.**  
Firm name

**5270 W. 84th Street, Suite 300**  
**Bloomington, MN 55437**  
Number, Street, City, State & ZIP Code

Contact phone **952-831-0733** Email address

**14423X MN**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Gleason's Gymnastic School, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 2, 2022

**X /s/ Lawrence R. Gleason**

Signature of individual signing on behalf of debtor

**Lawrence R. Gleason**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Gleason's Gymnastic School, Inc.**  
 United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AFCO PO Box 4795 Carol Stream, IL 60197		Owed on account	Disputed			\$519.86
American Express National Bank co Datamark Inc 43 Butterfield Cir El Paso, TX 79906	Brandon G Stanislaus  LitigationZAPC@z wickerpc.com 855-427-7433	All assets of debtor		\$188,669.72	\$0.00	\$30,028.09
Ameripride Services PO Box 518 Bemidji, MN 56619		Owed on account				\$453.73
Bank of America PO Box 982238 El Paso, TX 79998-2238		Owed on account	Disputed			\$28,080.39
Best Cleaning PO Box 1752 Maple Grove, MN 55311	Alex  612-636-8796	Owed on account	Disputed			\$1,544.76
BRE Hennepin Industrial Owner LLC Attn Ed Matey Jr 90 Park Ave 32nd Fl New York, NY 10016	Ed Matey Jr  kkohn@liprop.com		Contingent Unliquidated Disputed			\$177,268.52
Business Essentials 6645 James Ave N Minneapolis, MN 55430		Owed on account	Disputed			\$2,362.13
Capital One Bank co American InfoSource PO Box 71083 Charlotte, NC 28272-1083	877-893-8820	Credit card purchases				\$9,540.81

Debtor **Gleason's Gymnastic School, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CenturyLink PO Box 91154 Seattle, WA 98111-9254	800-772-9313	Owed on account	Disputed			\$20,817.66
David Robert Carlson 1718 3rd Ave N Minneapolis, MN 55405	DavidRobertCarlson@gmail.com 651-336-1738	Loan	Disputed			\$2,551.49
Frontier Communications PO Box 740407 Cincinnati, OH 45274		Owed on account	Disputed			\$576.13
Randys Sanitation PO Box 169 Delano, MN 55328-0169		Owed on account				\$315.18
Sams Club Credit PO Box 965004 Orlando, FL 32896		Owed on account	Disputed			\$367.96
Signal Systems Inc 7613 Washington Ave S Minneapolis, MN 55439	Brian 612-871-7500	Owed on account	Disputed			\$1,159.77
Signal Systems Inc 7613 Washington Ave S Minneapolis, MN 55439		Owed on account	Disputed			\$605.40
Superior Point PO Box 9403 Minneapolis, MN 55440		Owed on account	Disputed			\$8,730.00
Toll Gas & Welding Supply 3005 Niagara Ln N Plymouth, MN 55447		Owed on account	Disputed			\$642.72
Trans Alarm PO Box 776146 Chicago, IL 60677	952-895-3573	Owed on account	Disputed			\$917.56
Wells Fargo PO Box 51043 Los Angeles, CA 90051		Owed on account	Disputed			\$1,395.40
Wells Fargo Vendor Financial Services PO Box 3072 Cedar Rapids, IA 52406	Allyn Newcomb allyn.newcomb@wellsfargo.com	Owed on account	Disputed			\$16,063.96



Fill in this information to identify the case:

Debtor name Gleason's Gymnastic School, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **522,579.10**

1c. **Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **522,579.10**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **338,569.72**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **274,949.67**

4. **Total liabilities** ..... \$ **613,519.39**  
Lines 2 + 3a + 3b

## Fill in this information to identify the case:

Debtor name **Gleason's Gymnastic School, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Old National Bank****Commercial checking****3753****\$446,059.64****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$446,059.64****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**☐ No. Go to Part 3.☒ Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**Security deposits -**7.1. **Duke Realty****\$9,300.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$9,300.00**

Debtor Gleason's Gymnastic School, Inc. Case number (If known) \_\_\_\_\_  
Name

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 11,816.88 - 0.00 = .... \$11,816.88  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$11,816.88

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Pro Shop Inventory		\$1,500.00		\$4,223.02

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$4,223.02

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

Debtor Gleason's Gymnastic School, Inc. Case number (If known) \_\_\_\_\_  
Name

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office equipment - Eagan	\$0.00		\$13,687.77

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$13,687.77

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor Gleason's Gymnastic School, Inc.  
Name

Case number (If known) \_\_\_\_\_

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*  
**Gymnastic equipment - Eagan - acquisition costs less depreciation**

\$37,491.79

78. **Total of Part 11.**  
Add lines 71 through 77. Copy the total to line 90.

\$37,491.79

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

Debtor Gleason's Gymnastic School, Inc. Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$446,059.64</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$9,300.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$11,816.88</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$4,223.02</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$13,687.77</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$37,491.79</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$522,579.10</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$522,579.10</u>

Fill in this information to identify the case:

Debtor name **Gleason's Gymnastic School, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>American Express National Bank</b> Creditor's Name <b>co Datamark Inc</b> <b>43 Butterfield Cir</b> <b>El Paso, TX 79906</b> Creditor's mailing address  <b>LitigationZAPC@zwickerpc.com</b> Creditor's email address, if known  <b>Date debt was incurred</b> <b>03/05/2019</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All assets of debtor</b>  Describe the lien <b>Loan</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$188,669.72</b>	<b>\$0.00</b>

2.2	<b>Small Business Administration</b> Creditor's Name  <b>409 3rd St SW</b> <b>Washington, DC 20024</b> Creditor's mailing address   Creditor's email address, if known  <b>Date debt was incurred</b> <b>06/16/2021</b> <b>Last 4 digits of account number</b>	Describe debtor's property that is subject to a lien <b>All assets of Debtor</b>  Describe the lien <b>Emergency Disaster Relief Loan - junior to Americab Express National Bank, un-pe</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$149,900.00</b>	<b>\$446,059.64</b>
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Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known)

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$338,569.72**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Becket & Lee PA  
PO Box 3001  
Malvern, PA 19355**

Line **2.1**



**Fill in this information to identify the case:**

Debtor name Gleason's Gymnastic School, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>AFCO</b> <b>PO Box 4795</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$519.86</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Ameripride Services</b> <b>PO Box 518</b> <b>Bemidji, MN 56619</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$453.73</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Bank of America</b> <b>PO Box 982238</b> <b>El Paso, TX 79998-2238</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$28,080.39</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Best Cleaning</b> <b>PO Box 1752</b> <b>Maple Grove, MN 55311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,544.76</b>

Debtor	<b>Gleason's Gymnastic School, Inc.</b> <small>Name</small>	Case number (if known) _____
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>BRE Hennepin Industrial Owner LLC</b> <b>Attn Ed Matey Jr</b> <b>90 Park Ave 32nd Fl</b> <b>New York, NY 10016</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$177,268.52</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Breach of Lease for former location</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Business Essentials</b> <b>6645 James Ave N</b> <b>Minneapolis, MN 55430</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,362.13</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Owed on account</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Capital One Bank</b> <b>co American InfoSource</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,540.81</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Credit card purchases</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>CenturyLink</b> <b>PO Box 91154</b> <b>Seattle, WA 98111-9254</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$20,817.66</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Owed on account</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 34744</b> <b>Seattle, WA 98124</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$282.82</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Owed on account</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>David Robert Carlson</b> <b>1718 3rd Ave N</b> <b>Minneapolis, MN 55405</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,551.49</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Loan</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ECM Publishers Inc</b> <b>4095 Coon Rapids Blvd</b> <b>Coon Rapids, MN 55433</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13.76</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>Owed on account</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Gleason's Gymnastic School, Inc.</b> Name	Case number (if known) _____
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Fire Control Inc</b> <b>3243 Berwick Knoll</b> <b>Minneapolis, MN 55443</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$210.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Frontier Communications</b> <b>PO Box 740407</b> <b>Cincinnati, OH 45274</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$576.13</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Kereon HSA Inc</b> <b>1161 Wayzata Blvd E Ste 184</b> <b>Wayzata, MN 55391</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$187.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Lone Oak Companies Inc</b> <b>3177 Dodd Rd</b> <b>Eagan, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$48.21</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Marlin Business Bank</b> <b>300 Fellowship Rd</b> <b>Mt Laurel, NJ 08054</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delinquency on returned leased property</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Metro Sales Inc</b> <b>1620 E 78th St</b> <b>Minneapolis, MN 55423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$293.95</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Randys Sanitation</b> <b>PO Box 169</b> <b>Delano, MN 55328-0169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$315.18</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Gleason's Gymnastic School, Inc.</b> Name _____	Case number (if known) _____
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Sams Club Credit</b> <b>PO Box 965004</b> <b>Orlando, FL 32896</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$367.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Signal Systems Inc</b> <b>7613 Washington Ave S</b> <b>Minneapolis, MN 55439</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$605.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Signal Systems Inc</b> <b>7613 Washington Ave S</b> <b>Minneapolis, MN 55439</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,159.77</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Point</b> <b>PO Box 9403</b> <b>Minneapolis, MN 55440</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,730.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Toll Gas &amp; Welding Supply</b> <b>3005 Niagara Ln N</b> <b>Plymouth, MN 55447</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$642.72</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Trans Alarm</b> <b>PO Box 776146</b> <b>Chicago, IL 60677</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$917.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo</b> <b>PO Box 51043</b> <b>Los Angeles, CA 90051</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,395.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Owed on account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Gleason's Gymnastic School, Inc.** Case number (if known) \_\_\_\_\_

Name

<p>3.26 Nonpriority creditor's name and mailing address</p> <p><b>Wells Fargo Vendor Financial Services</b>  <b>PO Box 3072</b>  <b>Cedar Rapids, IA 52406</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Owed on account</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$16,063.96</b></p>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Frontier Communications</b> <b>401 Merritt 7</b> <b>Norwalk, CT 06851</b>	Line <b>3.13</b>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Gurstel Law Firm</b> <b>6681 Country Club Dr</b> <b>Golden Valley, MN 55427</b>	Line <b>3.8</b>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Kereon HSA Inc</b> <b>8770 Hunters Way</b> <b>Apple Valley, MN 55124</b>	Line <b>3.14</b>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <b>0.00</b>
5b. Total claims from Part 2	5b. + \$ <b>274,949.67</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <b>274,949.67</b>

Fill in this information to identify the case:

Debtor name **Gleason's Gymnastic School, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Commercial property lease -- current business location**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Duke Realty  
1550 Utica Ave S Ste 420  
Minneapolis, MN 55416**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Balance Beam, Competition Landing Mats and other miscellaneous equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Lease Finance Group  
9800 Bren Rd E Ste 200  
Minnetonka, MN 55343**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Copier lease**

State the term remaining **15 months**

List the contract number of any government contract \_\_\_\_\_

**Wells Fargo Financial Services  
1010 Thomas Edison Blvd SW  
Cedar Rapids, IA 52404**

Fill in this information to identify the case:

Debtor name Gleason's Gymnastic School, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Lawrence Gleason

4151 Beaver Dam Rd  
Eagan, MN 55122

BRE Hennepin  
Industrial Owner LLC

☐ D \_\_\_\_\_

☒ E/F 3.5

☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Gleason's Gymnastic School, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From **1/01/2022** to **Filing Date**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$464,446.39**

**For prior year:**  
From **1/01/2021** to **12/31/2021**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$1,304,433.05**

**For year before that:**  
From **1/01/2020** to **12/31/2020**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$952,390.26**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed



Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. American Express National Bank vs. Gleason's Gymnastic School, Inc. 653479/2021	Breach of Contract	Supreme Court of the State of New York County of New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known)

**Description of the property lost and how the loss occurred**

**Amount of payments received for the loss**

**Dates of loss**

**Value of property lost**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

**Who was paid or who received the transfer?  
Address**

**If not money, describe any property transferred**

**Dates**

**Total amount or value**

11.1. **Thomas H. Olive Law, P.A.  
5270 W. 84th Street, Suite 300  
Bloomington, MN 55437**

**Attorney Fees & Costs**

**08/12/2021**

**\$20,000.00**

**Email or website address**

**Who made the payment, if not debtor?**

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

**Name of trust or device**

**Describe any property transferred**

**Dates transfers were made**

**Total amount or value**

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

**Who received transfer?  
Address**

**Description of property transferred or payments received or debts paid in exchange**

**Date transfer was made**

**Total amount or value**

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

**Address**

**Dates of occupancy  
From-To**

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or

Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known)

- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known) \_\_\_\_\_

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

**26. Books, records, and financial statements****26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

26a.1. **Paul Armour**26a.2. **Carol Hagberg**

Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known)

**Name and address**

**Date of service  
From-To**

26a.3. **Joni Selden**

26a.4. **Lisa Kucala**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address**

**Date of service  
From-To**

26b.1. **Paul Armour  
4945 142nd Path  
Apple Valley, MN 55124**

**2001 - present**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address**

**If any books of account and records are  
unavailable, explain why**

26c.1. **Joni Selden**

26c.2. **Carol Hagberg**

26c.3. **Lisa Kucala**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Old National Bank**

26d.2. **Wells Fargo Bank**

26d.3. **Marlin Bank**

26d.4. **American Express National Bank**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Debtor **Gleason's Gymnastic School, Inc.**

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Lawrence R. Gleason	4151 Beaver Dam Rd Eagan, MN 55122	President	98%
Joni Selden	4516 Bacon Ave Inver Grove Heights, MN 55077		1%
David Kennedy	411 Spring Valley Dr Bloomington, MN 55420		1%
Lisa Kucala	16430 59th Ave N Plymouth, MN 55446	Board member	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Debtor Gleason's Gymnastic School, Inc.

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 2, 2022

/s/ Lawrence R. Gleason

Signature of individual signing on behalf of the debtor

Lawrence R. Gleason

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

LOCAL FORM 1007-1  
REVISED 06/16

**United States Bankruptcy Court  
District of Minnesota**

In re **Gleason's Gymnastic School, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept .....	\$	<b>20,000.00</b>
Prior to the filing of this statement I have received .....	\$	<b>20,000.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) **Debtor paid a retainer of \$20,000.00, which included the filing fee of \$1,738. All fees and costs are subject to Court approval.**

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

**CERTIFICATION**

Page 1 of 2



LOCAL FORM 1007-1  
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **May 2, 2022**

Signature of Attorney

**/s/ Thomas H. Olive**

**Thomas H. Olive 14423X**

**United States Bankruptcy Court  
District of Minnesota**

In re **Gleason's Gymnastic School, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 2, 2022**

Signature **/s/ Lawrence R. Gleason**  
**Lawrence R. Gleason**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Minnesota**

In re **Gleason's Gymnastic School, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 2, 2022**

**/s/ Lawrence R. Gleason**

**Lawrence R. Gleason/President**

Signer/Title

PO BOX 4795  
CAROL STREAM IL 60197

AMERICAN EXPRESS NATIONAL BANK  
CO DATAMARK INC  
43 BUTTERFIELD CIR  
EL PASO TX 79906

AMERIPRIDE SERVICES  
PO BOX 518  
BEMIDJI MN 56619

BANK OF AMERICA  
PO BOX 982238  
EL PASO TX 79998-2238

BECKET & LEE PA  
PO BOX 3001  
MALVERN PA 19355

BEST CLEANING  
PO BOX 1752  
MAPLE GROVE MN 55311

BRE HENNEPIN INDUSTRIAL OWNER LLC  
ATTN ED MATEY JR  
90 PARK AVE 32ND FL  
NEW YORK NY 10016

BUSINESS ESSENTIALS  
6645 JAMES AVE N  
MINNEAPOLIS MN 55430

CAPITAL ONE BANK  
CO AMERICAN INFOSOURCE  
PO BOX 71083  
CHARLOTTE NC 28272-1083

CENTURYLINK  
PO BOX 91154  
SEATTLE WA 98111-9254

PO BOX 34744  
SEATTLE WA 98124

DAVID ROBERT CARLSON  
1718 3RD AVE N  
MINNEAPOLIS MN 55405

DUKE REALTY  
1550 UTICA AVE S STE 420  
MINNEAPOLIS MN 55416

ECM PUBLISHERS INC  
4095 COON RAPIDS BLVD  
COON RAPIDS MN 55433

FIRE CONTROL INC  
3243 BERWICK KNOLL  
MINNEAPOLIS MN 55443

FRONTIER COMMUNICATIONS  
PO BOX 740407  
CINCINNATI OH 45274

FRONTIER COMMUNICATIONS  
401 MERRITT 7  
NORWALK CT 06851

GURSTEL LAW FIRM  
6681 COUNTRY CLUB DR  
GOLDEN VALLEY MN 55427

KEREON HSA INC  
1161 WAYZATA BLVD E STE 184  
WAYZATA MN 55391

KEREON HSA INC  
8770 HUNTERS WAY  
APPLE VALLEY MN 55124

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LEASE FINANCE GROUP  
4151 BEAVER DAM RD  
EAGAN MN 55122

LEASE FINANCE GROUP  
9800 BREN RD E STE 200  
MINNETONKA MN 55343

LONE OAK COMPANIES INC  
3177 DODD RD  
EAGAN MN 55121

MARLIN BUSINESS BANK  
300 FELLOWSHIP RD  
MT LAUREL NJ 08054

METRO SALES INC  
1620 E 78TH ST  
MINNEAPOLIS MN 55423

RANDYS SANITATION  
PO BOX 169  
DELANO MN 55328-0169

SAMS CLUB CREDIT  
PO BOX 965004  
ORLANDO FL 32896

SIGNAL SYSTEMS INC  
7613 WASHINGTON AVE S  
MINNEAPOLIS MN 55439

SMALL BUSINESS ADMINISTRATION  
409 3RD ST SW  
WASHINGTON DC 20024

SUPERIOR POINT  
PO BOX 9403  
MINNEAPOLIS MN 55440

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2021 & 2022 SUPPLY

3005 NIAGARA LN N  
PLYMOUTH MN 55447

TRANS ALARM  
PO BOX 776146  
CHICAGO IL 60677

WELLS FARGO  
PO BOX 51043  
LOS ANGELES CA 90051

WELLS FARGO FINANCIAL SERVICES  
1010 THOMAS EDISON BLVD SW  
CEDAR RAPIDS IA 52404

WELLS FARGO VENDOR FINANCIAL SERVICES  
PO BOX 3072  
CEDAR RAPIDS IA 52406

**United States Bankruptcy Court  
District of Minnesota**

In re **Gleason's Gymnastic School, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Gleason's Gymnastic School, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**May 2, 2022**

Date

**/s/ Thomas H. Olive**

**Thomas H. Olive 14423X**

Signature of Attorney or Litigant

Counsel for **Gleason's Gymnastic School, Inc.**

**Thomas H. Olive Law, P.A.**

**5270 W. 84th Street, Suite 300**

**Bloomington, MN 55437**

**952-831-0733 Fax:952-831-1208**